PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for

State	
District	
County	

		Hele	na, M	T 59620-25	01		School Bus 1	Γranspo	rtation	County	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	TATION:		
This clair	This claim is for the period beginning , 20 and ending , 20 .									•	
	month day month day										
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Level:		
	· ·								_		
20 Granite 0416 Philipsburg K-12 Schools									High Scho	ool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #	
100	1	1		85	1.57	72	08/20/04	1		<u> </u>	
100	1	2		83 1.36 66 08/20/04							

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				t
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning				, 20	and ending, 20				
			n	nonth	day				month	day	
CERTIF	ICATIO	V:									
The infor	mation on	this form is comp	ete and a	accurate to the	e best of my kı	nowledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District I	.evel:	
20 Granite 0419 Drummond Elem Elementary											
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	S	Bus Driver's ocial Security #
50	11	Hall Rout	e	57	1.36	66		07/16/04			
50	11	Rock Cree	k	128	1.57	72		07/16/04			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Super 5 to State Superi			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning										
		month	day			month	day			
CERTIFI	CATION:									
The inform	nation on this form is comp	lete and accurate to	the best of my kr	nowledg	e.					
Date		Signature, Chair, Bo	ard of Trustees							
County:		District:					District Level:	•		

20 Granite 0420 Drummond H S **High School** District Route Rate Days Bus Driver's Miles Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 2 50 Hall Route 57 1.36 66 07/16/042 72 50 Rock Creek 128 1.57 07/16/04

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